

CONTRACT DATA SHEETPSC Type (check one): **X** New _____ Renewal _____ Addendum**Contractor Information**

1. Legal Name of Contractor: **Qk4**
2. Address: **815 W. Market St., Suite 300**
3. City/ State & Zip: **Louisville, KY 40202-2654**
4. Contact Person Name & Telephone Number: **David Smith, (502) 585-2222**
5. Revenue Commission Taxpayer ID#: **717756**
6. If registration is not required please explain:
7. Is account in good standing:
8. Federal Tax ID # (SSN if sole proprietor): **610865261**

Department Information

9. Requesting Department: **Metro Department of Public Works and Assets**
10. Contact Person Name & Telephone: **Richard Storm, County Engineer, Ph. # (502) 574-3376**

Contract Information

11. Not to exceed amount: **\$50,000**
12. Are expenses reimbursed? **Yes.**
13. If yes list allowable expenses and maximum amount reimbursable: **\$50,000**
14. Beginning and ending date of the contract: **March 15, 2007 to June 30, 2007**
15. Coding: _____ - _____ - _____ - _____
16. Scope & Purpose of the contract: **Study Transportation System in Eastern Metro Louisville, more particularly described as an area bounded by I-64, I-265, KY-155, and Tucker Station Road. (See Attached Copy of Scope of Work)**

Authorizations

_____ County Attorney Review - Approved as to Form:

Department Director: _____ Date: _____

*Signature certifies:*_____ *Funds are available*_____ *Contractor is registered and in good standing with the Revenue Commission*_____ *Human Relations Commission registration requirements have been met*

_____ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary : _____ Date: _____

(If applicable)